

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

In Re: KIMBERLY S DAVIS

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Case No.: 09-01877

Debtor(s)

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Tom Vaughn, Chapter 13 Trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/23/2009.
- 2) This case was confirmed on 03/26/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 07/06/2009, 01/05/2010, 07/14/2010, 08/03/2011, 08/03/2011.
- 5) The case was dismissed on 10/20/2011.
- 6) Number of months from filing to the last payment: 32
- 7) Number of months case was pending: 35
- 8) Total value of assets abandoned by court order: NA
- 9) Total value of assets exempted: \$ 3,500.00
- 10) Amount of unsecured claims discharged without payment \$ .00
- 11) All checks distributed by the trustee to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$ 31,200.00
Less amount refunded to debtor	\$ .00
<b>NET RECEIPTS</b>	<b>\$ 31,200.00</b>

**Expenses of Administration:**

Attorney's Fees Paid through the Plan	\$ 2,124.00
Court Costs	\$ .00
Trustee Expenses and Compensation	\$ 1,840.05
Other	\$ .00

**TOTAL EXPENSES OF ADMINISTRATION** \$ 3,964.05

Attorney fees paid and disclosed by debtor \$ 1,376.00

**Scheduled Creditors:**

<u>Creditor Name</u>	<u>Class</u>	<u>Claim Scheduled</u>	<u>Claim Asserted</u>	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Int. Paid</u>
AB COASTER	UNSECURED	399.80	NA	NA	.00	.00
ACL LABORATORIES	UNSECURED	107.00	NA	NA	.00	.00
ADVANCE AMERICA	UNSECURED	1,700.00	NA	NA	.00	.00
ADVOCATE CHRIST MEDI	UNSECURED	320.00	NA	NA	.00	.00
ADVOCATE CHRIST MEDI	UNSECURED	1,800.20	NA	NA	.00	.00
AMBULATORY SURGICENT	UNSECURED	1,765.00	NA	NA	.00	.00
APRIA HEALTHCARE	UNSECURED	55.00	NA	NA	.00	.00
CHRIST MEDICAL CENTE	UNSECURED	1,800.00	NA	NA	.00	.00
CHRIST MEDICAL CENTE	UNSECURED	176.00	NA	NA	.00	.00
CITICORP CREDIT SERV	UNSECURED	121,098.00	NA	NA	.00	.00
CITY OF CHICAGO DEPT	UNSECURED	700.00	2,126.28	2,126.28	193.57	.00
MCSI/RMI	UNSECURED	300.00	479.05	479.05	33.10	.00
CNY FERTILITY CNT	UNSECURED	1,103.00	1,102.65	1,102.65	100.38	.00
CREDITORS COLLECTION	OTHER	.00	NA	NA	.00	.00
DOHNELL VIRGIL	UNSECURED	388.00	NA	NA	.00	.00
HIGHLAND RECOVERY	UNSECURED	379.00	379.05	379.05	20.03	.00
DRIVE FINANCIAL SVCS	UNSECURED	9,330.00	NA	NA	.00	.00
EMERGENCY CARE HEALT	UNSECURED	130.00	NA	NA	.00	.00
EXPRESS RESPONSE	OTHER	.00	NA	NA	.00	.00
PREMIER BANK CARD	UNSECURED	572.00	621.37	621.37	42.94	.00
PREMIER BANK CARD	UNSECURED	500.00	611.42	611.42	42.25	.00
HIGHLAND RECOVERY	OTHER	.00	NA	NA	.00	.00
ILLINOIS COLLECTIONS	OTHER	.00	NA	NA	.00	.00

**Scheduled Creditors:**

<u>Creditor Name</u>	<u>Class</u>	<u>Claim Scheduled</u>	<u>Claim Asserted</u>	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Int. Paid</u>
ILLINOIS COLLECTION	OTHER	.00	NA	NA	.00	.00
IDES	UNSECURED	2,960.00	NA	NA	.00	.00
ILLINOIS STATE HIGHW	UNSECURED	2,693.00	15,379.00	15,379.00	14,151.14	.00
INGALLS MEMORIAL HOS	UNSECURED	100.00	NA	NA	.00	.00
INGALLS MEMORIAL HOS	UNSECURED	515.00	NA	NA	.00	.00
IVANHOE DENTAL GROUP	UNSECURED	242.00	NA	NA	.00	.00
ISAC	UNSECURED	33,142.00	NA	NA	.00	.00
LINEBARGER GOGGAN BL	OTHER	.00	NA	NA	.00	.00
MIDWEST DIAGNOSTIC P	UNSECURED	45.00	NA	NA	.00	.00
PAYDAY LOAN STORE	UNSECURED	600.00	466.22	466.22	32.22	.00
REVENUE CYCLE PARTNE	OTHER	.00	NA	NA	.00	.00
MCSI/RMI	OTHER	.00	NA	NA	.00	.00
SOUTH SUBURBAN HOSPI	UNSECURED	469.00	NA	NA	.00	.00
SULLIVAN URGENT AID	UNSECURED	139.00	NA	NA	.00	.00
SULLIVAN URGENT AID	UNSECURED	63.00	NA	NA	.00	.00
SULLIVAN URGENT AID	UNSECURED	100.00	NA	NA	.00	.00
SUPERIOR AIR GROUND	UNSECURED	66.00	NA	NA	.00	.00
THE LAKESIDE COLLECT	OTHER	.00	NA	NA	.00	.00
U OF I DEPT OF OBGYN	UNSECURED	75.00	NA	NA	.00	.00
U OF I MEDICAL	UNSECURED	385.00	NA	NA	.00	.00
UNITED STUDENT AID F	UNSECURED	26,865.00	138,622.69	138,622.69	12,620.32	.00
AARONS	OTHER	.00	NA	NA	.00	.00
BRENDA DAVIS	OTHER	.00	NA	NA	.00	.00
ROBERT LOUIS	OTHER	.00	NA	NA	.00	.00

**Summary of Disbursements to Creditors:**

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Int. Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	.00	.00	.00
Mortgage Arrearage	.00	.00	.00
Debt Secured by Vehicle	.00	.00	.00
All Other Secured	.00	.00	.00
<b>TOTAL SECURED:</b>	.00	.00	.00
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	.00	.00	.00
Domestic Support Ongoing	.00	.00	.00
All Other Priority	15,379.00	14,151.14	.00
<b>TOTAL PRIORITY:</b>	15,379.00	14,151.14	.00
<b>GENERAL UNSECURED PAYMENTS:</b>	144,408.73	13,084.81	.00

**Disbursements:**

Expenses of Administration	\$ 3,964.05	
Disbursements to Creditors	\$ 27,235.95	
<b>TOTAL DISBURSEMENTS:</b>		\$ 31,200.00

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 12/28/2011

/s/ Tom Vaughn  
Tom Vaughn, Chapter 13 Trustee

**STATEMENT** : This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R § 1320. 4(a)(2) applies.